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HIV PREVENTION AND PLANNING COUNCIL

Strategic Evaluation Committee

Minutes of Meeting

February 2, 1999

Members present:

Bill Barnes
 Kristen Clements
 Carla Clynes
 Sister MaryMae Himm
 J. Colin Partridge

Members absent:

Michael Bogan
 Melinda Martin (LOA)



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McKenzie Hunek, LYRIC
 Lawrence Ozoa, LYRIC
 Hank Wilson

and D
 Section

STATEMENTS, AND INTRODUCTIONS

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 privileges for the remainder of the rewrite process.
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II. COMMITTEE CHAIR ELECTIONS

Both Sister MaryMae and Michael Bogan acted as Co-Chair last term. The Committee agreed to continue the arrangement. Sister MaryMae will facilitate at Committee meetings and Michael Bogan will serve as Chair of the Committee at the Steering Committee meetings.

III. OVERVIEW OF CDC EVALUATION REQUIREMENTS & COMMITTEE SCOPE OF WORK

Kristen explained that the CDC requires a new Strategic Evaluation Plan of the HPPC. The Council is currently into its fourth year of the initial five-year Plan. San Francisco is the only jurisdiction to have a current Plan. In order to meet the CDC's September 2000 deadline, the revised Plan must be written by July for the August HPPC meeting. The two major areas of focus required by the CDC are:

- the new requirements specifically for providers; and

HIV PREVENTION AND PLANNING COUNCIL
Strategic Evaluation Committee
Minutes of Meeting
February 2, 1999

Members present:

Bill Barnes
Kristen Clements
Carla Clynes
Sister MaryMae Himm
J. Colin Partridge

Members absent:

Michael Bogan
Melinda Martin (LOA)

Support Staff present:

Dara Coan, *Harder + Co.*
K. Simone Ferguson, *Polaris R and D*
John Pabustan, *HIV Prevention Section*
Kevin Roe, *Process Evaluation.*

Guests:

McKenzie Hunek, *LYRIC*
Lawrence Ozoa, *LYRIC*
Hank Wilson

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MAR 27 2006

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Call to order: 3 PM

I. WELCOME, ANNOUNCEMENTS, AND INTRODUCTIONS

- Michael Bogan was unable to attend this meeting due to illness.
- Process evaluation will not attend every meeting of the Strategic Evaluation Committee. There will be an annual evaluation of the Committee instead.
- Sister Mary Mae Himm stressed the importance of attendance due to the Committee's year 2000 scope of work. Bill suggested members be allowed five absences that would include vacation and medical. Until the Plan rewrite is completed (sometime in August), members strongly urge all members not to miss any meetings, and if a meeting is missed the committee may choose to remove voting privileges for the remainder of the rewrite process.
- A community member must be nominated as soon as possible.

II. COMMITTEE CHAIR ELECTIONS

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- the new requirements specifically for providers; and

- revising the current Plan to accommodate the new requirements.

Sister MaryMae explained that additional information is required of clients and providers must be trained on those requirements and the corresponding paperwork.

Members were given a preliminary timeline detailing the activities of the Strategic Evaluation Committee, the CDC deadlines, and the responsibilities for each (attached to the minutes). A piece of the Plan will focus on Monitoring and Evaluation. This area centers on provider collection data and the new forms the CDC has required of providers. Providers need not finish training until December 2000; however, their input is necessary prior to that date in order to have the revised Plan written by July. Providers would begin training in September or October. Kristen explained that an informational meeting would be established to discuss the new CDC requirements with providers and exchange ideas regarding the best methods for implementation. She also stated that funding has been set aside for that training.

Members suggested Dara contact providers via mailings or focus groups since the timeline is tight, and feedback is necessary from providers before the revised Plan can be submitted to the CDC by September 2000. J. Colin recommended an informational meeting with providers for March or July. Bill suggested notifying members of the new CDC requirements and Committee meeting times in order for provider contribution prior to the informational meeting.

Regarding the evaluation of outcomes described as one of the Committee's activities on the timeline, the CDC has asked only for an update. This particular task can be done ahead of time. The BRA is currently being collected from providers. The data has not been combined since each agency is required to answer different questions. Hanks asked that although the CDC has set new requirements, it is important to continue with the work the HPPC has committed to.

Bill asked whether the number of meetings scheduled for the Committee would be sufficient in light of the great scope of work. Dara explained that the bulk of the work would be done off-line by both she and Kristen.

Kristen will investigate how strict are the CDC requirements. It may be that the CDC will accept a plan of what will happen without all requirements being accomplished by the deadline. Members submitted their e-mail to Kristen for an update of the revised Plan requirements, upon her return from the Training on the New Required Evaluation conference.

IV. OVERVIEW OF HPPC 5-YEAR STRATEGIC EVALUATION PLAN

Dara explained that upon reviewing the current five-year plan, the task would be to build the new requirements and resulting feedback into a revised Plan. She asked that the Committee consider moving towards a more standardized Plan for the next five years. Members were given copies of an overview of San Francisco's five-year Strategic Evaluation Plan (from 1996).

Evaluation is done to accomplish four things:

- To determine whether programs are working to reduce HIV transmission
- To provide information that can be used to determine how best to allocate funds
- To allow clients to voice their experiences with services
- To gather information that will help improve programs

There was some confusion as to what each section should be called - sections or levels. For the purposes of this discussion, each section is referred to as a level. Level 1 refers to the Provider level that includes the new CDC requirements and all information regarding providers and data collection. The goal is to develop the capacity of providers to collect data and conduct evaluations so that they may document the risk behaviors of their target populations and (eventually) they may be able to demonstrate changes in risk behaviors as a result of their programs. Dara explained that this particular section is also known as "process evaluation". One of the requirements for this level would be to define terms in order for universal understanding.

Carla asked what mechanisms were in place to ensure that providers are doing the right thing. Dara responded that ODTA updates would counteract that as well as provisions being written into the Plan to facilitate and monitor providers.

Level 2 refers to Intervention Research. The goal is to determine which interventions work best in which populations through better use of available information and through generation of new information. The Strategic Evaluation Committee from last term was able to put together a research inventory in order for providers to plan their programs. Sister MaryMae reported that the feedback seems to illustrate that it is not working that well. It may not be worth it continuing since the CDC has a research inventory on their website. Sister suggested instructing providers on how to do their own research inventory.

Level 3 refers to the Population Based Prevention Surveillance which determines whether HIV prevention is working in San Francisco as a whole by looking at changes in "indicators" of HIV risk (e.g., STD incidence, rates of unprotected sex) or HIV infection over time. Dara explained that there is the least amount of stress associated with this section. Only a few paragraphs will have to be written. This section is more of an SFPDH-HIV Prevention Section responsibility.

V. NEXT STEPS

The next regularly scheduled meeting is set for March 1st from 3 PM to 5 PM at 25 Van Ness.

Agenda items include:

- an update from Kristen based upon her return from the Training on the New Required Evaluation
- a more detailed timeline of what should be done each month
- a brainstorming session of the kinds of questions members want answered regarding revising the Plan

Minutes written by K. Simone Ferguson

Minutes reviewed by Sr. Mary Mae Himm, Committee Co-Chair

HIV PREVENTION AND PLANNING COUNCIL
Strategic Evaluation Committee
Minutes of Meeting
February 2, 1999
Summary

Call to order: 3 PM

I. WELCOME AND INTRODUCTIONS

See full minutes.

II. COMMITTEE CHAIR ELECTIONS

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- the new requirements specifically for providers; and
- revising the current Plan to accommodate the new requirements.

IV. OVERVIEW OF HPPC 5-YEAR STRATEGIC EVALUATION PLAN

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Level I refers to the Provider level that includes the new CDC requirements and all information regarding providers and data collection. The goal is to develop the capacity of providers to collect data and conduct evaluations so that they may document the risk behaviors of their target populations and (eventually) they may be able to demonstrate changes in risk behaviors as a result of their programs. Dara explained that this particular section is also known as "process

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Minutes written by K. Simone Ferguson

Minutes reviewed by Sister Mary Mae Himm, Committee Co-Chair



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•• MEETING ANNOUNCEMENT ••**HIV Prevention Planning Council
Strategic Evaluation Committee**

Wednesday, March 10, 1999
12:00 - 12:00 p.m.

AGENDA

1. Welcome and Introductions
2. Tasks and Timeline for the Committee-Discussion
3. Election of the Committee Chair of Co-Chairs-Possible Vote
4. Roles and Responsibilities of Committee Members, Community Members, Consultants, DPH Staff.
5. Recruitment of Community Members to the Committee
6. Set Regular Meetings
7. Next Steps
8. Evaluation of Committee Meeting
6. Further Presentations to the HPPC

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•• MEETING ANNOUNCEMENT ••

**HIV Prevention Planning Council
Strategic Evaluation Committee**

Wednesday, April 7, 1999

12:00-2:00 p.m.

AGENDA

1. Welcome and Introductions
2. Announcements
3. Orientation to the 5 year Strategic Evaluation Plan
4. Tasks for this year - *possible vote*
5. Selection of Chair - *vote*
6. Set next meetings

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●● MEETING ANNOUNCEMENT ●●**HIV Prevention Planning Council
Strategic Evaluation Committee*****Monday, May 10, 1999******12:00 -12:00 p.m.*****AGENDA**

DOCUMENTS DEPT.

1. Welcome and Introductions
2. Review of CDC Guidelines for Strategic Evaluation Plan
3. Review revised plan and develop objectives (*possible vote*)
4. Discussion of collaborative work with other committees-
 - a. Outreach Committee- research inventory for community/providers
 - b. Ad Hoc Committee- work with them to review of strategies and interventions
5. Recruitment of Community Members to the Committee
6. Next Steps
7. Evaluation of Committee Meeting

MAY 07 1999

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Note Time Changed!!!**•• MEETING ANNOUNCEMENT ••****HIV Prevention Planning Council
Strategic Evaluation Committee**

Monday, May 10, 1999
10:00 - 12:00 p.m.

AGENDA

1. Welcome and Introductions
2. Review of CDC Guidelines for Strategic Evaluation Plan
3. Review revised plan and develop objectives (*possible vote*)
4. Discussion of collaborative work with other committees-
 - a. Outreach Committee- research inventory for community/providers
 - b. Ad Hoc Committee- work with them to review of strategies and interventions
5. Recruitment of Community Members to the Committee
6. Next Steps
7. Evaluation of Committee Meeting

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MAY 07 1999

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•• MEETING ANNOUNCEMENT ••

**HIV Prevention Planning Council
Strategic Evaluation Committee**

Monday, June 14, 1999

12:00 -2:00 p.m.

AGENDA

1. Welcome and Introductions
2. Review Goals and Objectives for New Plan - *(possible vote)*
3. Review Revised Plan and Provide Feedback - *(possible vote)*
4. Recruitment of Community Members to the Committee
5. Plans for July HPPC Meeting Presentation (how should it be presented, who should present, what should be sent to members)
6. Set Next Evaluation of Committee Meeting

Meeting will be held at 25 Van Ness, 5th Floor

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•• MEETING ANNOUNCEMENT ••**HIV Prevention Planning Council
Strategic Evaluation Committee*****Wednesday, July 7, 1999******12:00 - 2:00 p.m.*****AGENDA**

1. Welcome and Introductions
2. Review presentation to HPPC
3. Discuss Community Meeting
4. Recruitment of Community Members to the Committee
5. Future Plans
6. Set Next Evaluation of Committee Meeting

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JUL 06 1999

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Note Time Changed!!!

●● MEETING ANNOUNCEMENT ●●

**HIV Prevention Planning Council
Strategic Evaluation Committee**

Monday, August 9, 1999

12:00-2:00 p.m.

AGENDA

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JUL 29 1999

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- 1) Welcome and Introductions
- 2) Debriefing from HPPC meeting
- 3) Prioritization of a Prevention Case Management Study -Doug Sebesta- *possible vote*
- 4) Update on Speed services and project- Mike Pendo
- 5) History of the current strategic evaluation plan- Ellen Goldstein.
- 6) Outreach community meeting
- 7) Develop game plan for revising the plan
- 8) Recruitment of new members

Meeting will be held at 25 Van Ness, 5th Floor

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are held in handicapped accessible facilities.***

•• MEETING ANNOUNCEMENT ••**HIV Prevention Planning Council
Strategic Evaluation Committee**

Monday, November 15, 1999

3pm-5pm

AIDS Office - 25 Van Ness

AGENDA

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1. Welcome and Introductions
2. Public Comment
3. Update on the Research Inventory and feedback for Harder & Co on the model
4. Discussion of training HPPC members in 2000
5. Strategic Evaluation Plan Update
6. Brief update on the restructuring process
7. Plans for upcoming meetings

Meeting will be held at 25 Van Ness, 5th Floor

*NOTE: All meetings are open to the public and
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AGENDA

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting #1

Wednesday, February 2, 2000

3:00 - 5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

- 3:00-3:15 Introductions/Announcements
- 3:15-3:30 Committee Chair Elections
- 3:30-4:15 Overview of CDC Evaluation Requirements &
Committee Scope of Work
- 4:15-4:45 Overview of HPPC 5-Year Strategic Evaluation Plan
- 4:45-5:00 Next Steps

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AGENDA

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting #2

Wednesday, March 1, 2000

3:00-5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

3:00-3:10 Introductions/Announcements

3:10-3:20 Update from Atlanta Meeting

3:20-3:35 Timeline/Scope of Work

3:35-4:05 Review/Approve Strategic Eval Chapter Outline

4:05-4:25 Review/Approve Chapter Introduction

4:25-4:50 Brainstorm goals and objectives for BRA/Outcome monitoring

4:50-5:00 Next Steps/April Agenda

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HIV PREVENTION PLANNING COUNCIL

Strategic Evaluation Committee

March 1, 2000 Minutes

Next Strategic Evaluation Committee Meeting Wednesday, April 5, 3-5 p.m., AIDS Office, 25 Van Ness

MINUTES SUMMARY

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1. Introductions/Announcements

See full minutes.

2. Update from the Atlanta Meeting

CDC is now requiring that those funded through their contracts must provide standardized client information by intervention type and Behavioral Risk Population. The DPH will be consulting with the ODTA staff and providers to develop forms that capture this information. The Strategic Evaluation Committee will oversee this process.

3. Timeline/Scope of Work

The Strategic Evaluation Chapter will be submitted to the CDC by the end of September 2000. Providers will be trained on any new data collection protocols in the fall-winter of 2000. New data will be collected by providers throughout spring 2001 and will be submitted to CDC September 2001.

4. Brainstorm goals and objectives for BRA/Outcome monitoring

DPH suggested to the Committee that, because of the new data requirements, the BRA and/or outcome monitoring currently required of providers be phased out or incorporated into the new data collection systems. The Committee decided it will postpone a decision on this issue until more input is received from service providers. Program managers from DPH will informally interview providers before the April meeting, and will report back to the Committee at that time.

5. Review/Approve Strategic Evaluation Chapter Outline

Approval of Chapter Outline was tabled to next month's meeting.

6. Review/Approve Chapter Introduction

The Committee reviewed and suggested changes to the Strategic Evaluation Chapter Introduction. The consensus was to shorten this section significantly. Changes will be presented by Technical Support for approval at next month's meeting.

7. Next Steps/April Agenda

The following items were decided for the April agenda:

- Approval of February and March minutes
- New business
- Approve draft of Chapter Outline
- Review/Approve draft of Chapter Introduction
- Review/Approve Research Inventory/New Data Section
- Review feedback from Providers regarding BRA and/or outcome objective monitoring, make decision about changing requirements, and plan for presenting to at April Council meeting

HIV PREVENTION PLANNING COUNCIL
Strategic Evaluation Committee
March 1, 2000 Minutes

- Vote on BRA vs. Outcome Evaluation Requirement for 2001

Minutes written by: Cicily Emerson, Polaris R&D

Minutes reviewed by: Kristen Clemente, DPH and Sister MaryMae Himm, Committee Co-Chair

HIV PREVENTION PLANNING COUNCIL

Strategic Evaluation Committee

March 1, 2000 Minutes

Next Strategic Evaluation Committee Meeting Wednesday, April 5, 3-5 p.m., AIDS Office, 25 Van Ness

Members Present:

Michael Bogan
Kristen Clements
McKenzie Huneke
Sister Mary Mae Himm
Hank Wilson

Members Absent:

Bill Barnes
Carla Cynes
J. Colin Partridge
Karla Dillard Smith

DPH/AIDS Office Staff:

John Pabustan
Lisa Reyes

Harder & Co.:

Dara Coan

Polaris R & D:

Cicily Emerson

Guests:

Elizabeth Davis, DPH
Lawrence Ozoa, LYRIC

1. Introductions/Announcements

Lisa Reyes introduced herself. She will start work at the AIDS office the end of March and will help staff the Strategic Evaluation Committee. Sister announced that the three new community members who applied to serve on the Committee, Hank Wilson, McKenzie Huneke, and Karla Dillard Smith, had been approved. He noted that Carla Cynes and Karla Dillard Smith would not be attending today's meeting. He also announced that he will be attending the Community Planning Leadership Conference at the end of March.

2. Update from the Atlanta Meeting

Kristen and John attended a training in Atlanta on the new CDC evaluation requirements that effect all jurisdictions in the U.S. They were not able to negotiate changes to the substance of the requirements as they had hoped. However, the requirements are workable and the desire is to take advantage of this opportunity to improve present data collection systems to better serve the Council, the agencies, and DPH. Many of the changes are beyond the scope of the Strategic Evaluation Committee. What will be most important to the Committee's work is the Monitoring Process Evaluation. In 2001, agencies will have to collect data on each intervention type for each client type.

Michael Bogan questioned if the CDC was requiring a specific instrument for collection. Kristen replied that there are specific data elements that must be collected individually, but the CDC has not required the use of a specific instrument. One form must be filled out for each intervention for each BRP (Behavioral Risk Population). The interventions include outreach, IIRC (individual intervention), PCM (case management), Group Intervention, PTRS (partner referral through testing), and other. The BRP's include eight transmission categories (formerly twelve). The DPH and agencies currently use more categories for interventions and BRP's but can easily translate the data into CDC categories. Agencies will go on using their own categories and the AIDS office will collapse the information for CDC.

The major change is that agencies will now have to provide this standardized information on a monthly basis. The forms used for collection will vary by intervention slightly. The AIDS office will be working with providers by like intervention (e.g. outreach providers, case management providers) and the ODTA (Organization Development Technical Assistance) staff to help develop

HIV PREVENTION PLANNING COUNCIL

Strategic Evaluation Committee

March 1, 2000 Minutes

or alter existing materials to include the data CDC now requires. There will much opportunity for input from providers. She passed out an example of a scannable form (requiring no data entry) that could be used to make data collection easier for both providers and DPH.

Sister stated that it is important to explain to agencies why the changes will be made and to stress how the data gathered could be of use to them. Kristen responded that DPH could follow the example of other jurisdictions, that give quarterly reports to the agencies and to the HPPC in their area. Programs that have such reports are more able to incorporate the information into program design.

Kristen stated that providers, AIDS office, and the ODTA would be involved in the process of adapting to the new requirements, it was not the sole responsibility of the Strategic Evaluation Committee. Sister questioned what the role of the Committee would be. Kristen explained that they would be overseeing the process (planning, making recommendations, etc.).

3. Timeline/Scope of Work

Kristen presented the two year time line to the Committee. The HPPC's Strategic Evaluation Chapter must be submitted to the CDC by September 2000. From now to Fall 2000 the ODTA and providers will be working to develop the standardized forms. A series of trainings (on the new data collection methods) will follow.

Sister suggested that the Committee develop a "providers form" previously discussed by the Committee that would monitor (from the service providers' perspective) the process of developing the standardized forms and how effective the new tools are. Dara suggested that this be done when the tools are piloted, at some point in the spring of 2001.

Lawrence questioned the capacity of the ODTA and providers to develop these tools because of limited time. Kristen explained that because the information will have to be collected, the providers would need to participate to ensure the new tools that are workable. She also stated that they were going to propose to eliminate some of what is currently required from providers to allow for the time it will take to track the new information.

4. Brainstorm goals and objectives for BRA/Outcome monitoring

Kristen stated that in the original, five-year, evaluation plan created by the HPPC, by now, the providers would have mastered the BRA (Behavioral Risk Assessment) and by now would be evaluating at least one outcome objective. However, many agencies are still doing the BRA once a year in addition to monitoring outcomes. Because the CDC is now requiring additional documentation from service providers, there is a need to reduce to the amount of evaluation work currently required. She said the ODTA group recommended a continuation of outcome evaluation and phasing out of the BRA as a separate requirement. The CDC has not yet required outcome monitoring, but the DPH thinks that it may in the future.

Sister questioned whether the information gathered in the BRA would then be lost with its' elimination. Kristen offered that the intention of the BRA was not to provide information of the behavioral risk of all clients, it was designed to build the capacity of providers to monitor outcomes. In addition the information gained through the BRA is not collected so that it could be used to generalize about the epidemic.

HIV PREVENTION PLANNING COUNCIL

Strategic Evaluation Committee

March 1, 2000 Minutes

The Committee then discussed the current use of BRA and its efficacy, how it may be incorporated into the new data requirements, and how the Council would view the elimination of the BRA. Concerns were expressed that the Council may be reluctant to have the BRA phased out.

Dara pointed out that the Committee needed to make a decision soon about what they would require of providers given the new CDC data that must be collected. Kristen clarified that the Process Evaluation Data for CDC and the client satisfaction data would be required. This leaves the BRA and the outcome objective monitoring as elements that could be eliminated. She reiterated that the intention of the BRA was to enable agencies to do outcome monitoring.

Michael questioned the expertise of the Committee to decide what data would be the most useful/important for agencies to gather. The providers may feel the BRA is beneficial to their work. He stated the need for provider input to make this decision. Elizabeth stated the need to strategize any presentation to the Council that suggested phasing out the BRA. Michael also stressed the need for good arguments when approaching the Council.

The Committee discussed further how to get more input from providers before making a decision and presenting the issue to the Council. Dara suggested they recruit providers to speak on the issue during Public Comment at the April HPPC meeting. The group brainstormed how to get information from providers before they make suggestions to the Council in April.

It was decided that DPH program managers, Elizabeth, John, and Delia would interview providers informally to get some feedback about these issues. Dara will develop a script with talking points for the program managers to use in the process. If the providers had strong view they could write a letter to the Strategic Evaluation Committee or approach the Council at the April meeting.

5. Review/Approve Strategic Evaluation Chapter Outline

The Committee reviewed the outline that Dara had provided for the group. Sister questioned whether the group had previously decided to fold the Research Inventory Section into another section of the chapter. It was clarified that the section would be minimized, integrated, and would include a resource list for providers. Sister commented on the amount of work to be accomplished. Kristen suggested that she would send drafts by email and the group be rigorous in reviewing the materials and offering suggestions prior to committee meetings. The Committee agreed to postpone a formal vote on approving the outline to the next meeting.

6. Review/Approve Chapter Introduction

The group agreed that they would review the introduction and postpone approval until the Committee's standing agenda was developed at the next meeting.

Michael was the first to give his feedback. He called for a clear definition of Strategic Evaluation at the start of the Introduction, similar to an abstract, and more breaks in the text. The research agenda of strategic evaluation exists primarily to benefit consumers of services. This should be conveyed more strongly as a conceptual theme throughout the introduction. The section under the collaboration and accountability should be reworked.

HIV PREVENTION PLANNING COUNCIL

Strategic Evaluation Committee

March 1, 2000 Minutes

The consensus from the group was to significantly reduce the amount of text in the Chapter. Kristen pointed out that the HIV community is much more knowledgeable about evaluation and therefore not as much detail is required. Dara responded that she could limit it to four pages. Hank suggested the dynamic nature of the epidemic be emphasized; the continuous adaptation to change requires evaluation. Dara said she would incorporate this concept into the section providing the rationale for Strategic Evaluation.

7. Next Steps/April Agenda

The following items were decided for the April agenda:

- Approval of February and March minutes
- New business
- Approve draft of Chapter Outline
- Review/Approve draft of Chapter Introduction
- Review/Approve Research Inventory/New Data Section
- Review feedback from Providers regarding BRA and/or outcome objective monitoring, make decision about changing requirements, and plan for presenting to at April Council meeting
- Vote on BRA vs. Outcome Evaluation Requirement

The meeting adjourned promptly at 5pm.

Minutes written by: Cicily Emerson, Polaris R&D

Minutes reviewed by: Kristen Clemente, DPH and Sister MaryMae Himm, Committee Co-Chair

AGENDA

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, April 5, 2000

3:00-5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

- 3:00-3:05** New Member Business
- 3:05-3:10** Approval of February & March Minutes (Vote)
- 3:10-3:25** Second Review and Approval of Chapter Outline (Vote)
- 3:25-3:40** Second Review and Approval of Chapter Introduction (Vote)
- 3:40-4:00** Presentation of Findings from informal provider survey
- 4:00-4:15** Discussion and Vote on BRA vs. Outcome Evaluation (Vote)
- 4:15-4:20** Volunteers to Plan and Conduct HPPC Presentation
- 4:20-4:40** Review and Approval of New Process Data Section (Vote)
- 4:40-4:50** Review and Approval of Research Inventory (Vote)
- 4:50-5:00** Plan May Meeting Agenda

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AGENDA

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, May 3, 2000

3:00-5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

3:00-3:05 New Member Business

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3:05-3:15 Public Comment

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3:15-3:20 Approval of April Minutes (Vote)

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3:20-3:35 Debrief HPPC Presentation

3:35-4:00 Review Provider Process Evaluation Section & Timeline (Vote)

4:00-4:20 Process Evaluation Web Example

4:20-4:50 Brainstorm Outcome Monitoring

4:50-5:00 Next Steps/Plan June Agenda

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HIV PREVENTION PLANNING COUNCIL (HPPC)**Strategic Evaluation Committee Meeting****Wednesday, June 7th, 2000****3:00-5:00 PM****25 Van Ness Avenue, Suite 500****San Francisco**

AGENDA

- 3:00-3:05** New Member Business
- 3:05-3:15** Public Comment
- 3:15-3:20** Attendance Discussion
- 3:20-4:05** Review Provider Information Section (Process Evaluation & Outcome Monitoring) & Timeline (Vote)
- 4:05-4:30** New Member Orientation (June 27) and Community Forum Discussion
- 4:30-4:40** Next Steps/Plan July Agenda
- 4:40-5:00** Process Evaluation Web Example

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HIV PREVENTION PLANNING COUNCIL
Strategic Evaluation
Minutes of Meeting
June 7, 2000

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Members present:

Michael Bogan
Sister Mary Mae Himm
Melinda Martin
Hank Wilson
J. Colin Partridge

DPH Staff:

Lisa Reyes
Carla Cynes
Delia Garcia
Steven Tierney

Polaris R & D:

Amani Flood

Guests:

Jyoti M. Roo, *New Generation Health
Center*
Richard A. Jenkins, *CDC*
Willi McFarland, *DPH*

Members absent:

Kristen Clements
McKenzie Hunek
Karla Dillard Smith

Harder & Co.

Dara Coan

New Member Business

Introductions were given. Sister stated that he is usually home, so if someone needs a copy of anything they can stop by his house

Public Comment

There was no public comment.

Attendance Discussion

Sister stated that there has been a problem with attendance- "The last meeting did not have a quorum. It is costly and also a misuse of everyone's time when Committee business is not able to go forward due to lacking a quorum." He said two members have missed several meetings, Carla Dillard Smith who has never attended a meeting and McKenzie Hunek has missed three meetings. He suggests that we ask the Council to remove the absentee members at the next Steering Committee meeting.

There was no opposition to this, so by consensus it was agreed to recommend to the Council that these 2 members be removed from this Committee.

It was requested that all members should call if they are not going to attend a meeting.

Review Provider Information Section (Process Evaluation & Outcome Monitoring) & Timeline (Vote)

Dara stated over the past two months there has been a lot of communication about this new data systems, where is going, the logistics of operating it, etc. The plan is changing from day to day, so even though we might vote on a concepts as they come up, it could change.

The development plan is that the Committee will make recommendations for changes, and Dara will re-write. The package will then be recommended to the Council for its approval.

Michael Bogan suggested using a dictionary and an outline format, with headings in bold, etc., for better clarity and to create a logical flow of information.

HIV PREVENTION PLANNING COUNCIL
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Sister said we should be sure to emphasize anonymity wherever possible so the community knows that it is a priority.

Michael Bogan asked who will have access to this data and how much access will they have. Lisa said the agencies will have access to their own data, and the DPH will be able to create reports from the information as they need to. The Atlanta CDC data will be stripped of the matching variable.

Dara said this topic has been brought up and discussed, i.e. possible problems with hackers, etc. The answers are not yet resolved. If there are strong reactions received, these will influence the final decision.

Michael Bogan suggested we put in a disclaimer about the lack of Internet security.

Dara said they Committee should have a program manager clarify how the system will eventually operate because she is not qualified to do so.

Michael Bogan said his primary concern is that the more people who have access, the more the opportunity there will be for security leaks.

There was much discussion centered around the issue of anonymity, security and possible flaws in the system and how this will affect clients in terms of their HIV status and other health information becoming available to the public.

It was suggested to change wording from "changes in the behaviors measured" to "changes in prevention behavior."

Willi McFarland asked what matching variable will be used. He suggested using the "soundex" version currently being used by AHP. Colin agreed that we should try to mirror that system. Sister want to use a unique identifier. Sister suggested that Willi McFarland speak to the providers about this tool. One thing the Committee is attempting to do is to have the information unduplicative and aggregable.

Dara clarified that the new evaluation guidance by the CDC requires data to be collected on all funded health service provider clients so that agencies can share data, and to format it in a way that the various agencies can spend more of their time and money on providing services rather than on collecting data. Sister said some agencies have already told us that this BRA is helping them. Willi McFarland said those who have used it have also given us good feedback as to how it can continue to develop.

Carla believes that the CDC only gives us guidelines. They won't know what is going on in the streets here unless we give them our recommendations. Lisa stated there have been

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a lot of changes in the timelines to implement new CDC Guidelines. A new timeline will be available at the next meeting. It was decided that a vote was unnecessary. Consensus was reached to accept the chapter as Dara has prepared it thus far. Exceptions are the timeline and grammatical/structural changes.

Hank stressed that client satisfaction is a primary concern so there should be some questions in the format that point to those levels. Sister suggested that since we are creating a three-year plan, we can say that at some point in the 3 years we want to have a client satisfaction survey. There was discussion about standardizing the client satisfaction tool, if and why it should be done. There was discussion on how much input DPH should have in the development of the tool, and where does the DPH stand on certain issues within the role of prevention. Dara feels it would carry more weight if the Committee were able to tell the CDC that the DPH recommends the inclusion or omission of certain factors. She will speak to some people in the DPH to see where they stand on issues.

New member orientation (June 27) and Community Forum Discussion

There was a discussion about what the Committee will do for the new member orientation meeting and the upcoming Community Forum. A format for the orientation presentation was agreed on and it was decided to use a volunteer from the Committee to do it. Delia said it would be really helpful if a member of Strategic Planning who is also a member of a community organization could do the Community Forum. Providers can transmit the information in a more meaningful way to providers.

It was decided that Carla will attend the DPH planning group for the Forum. Carla, Colin and Melinda will get involved and maybe both of them can do the presentation.

Next Steps / Plan July Agenda

Dara wants to start drafting the researcher section of the chapter and asked for input.

Hank asked if we can invite someone from CAPS to talk to us about the researcher section? It was agreed by consensus to do that.

Colin asked if there are any other people who we can invite. He thinks it is important for San Francisco researchers to be there even if it is not in the purview of DPH. Sister suggested that we notify Project Inform.. Steven Tierney suggested that we invite: Grant Coflax or Drew Pearson (from the State Office of AIDS).

It was decided that the next steps/next Agenda items are:

Review researcher chapter

Review timeline

Discuss Community Forum

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Discuss International AIDS conference
Client satisfaction update

Dara asked is there any update on where we're at with the new data system, or is this premature.

Steven Tierney stated it's not premature if there is already money in the budget for it.

Process Evaluation Web Example

Lisa demonstrated a web based data collection system called EvaluationWeb.com. Using fictitious information, the committee created and tried using a database. They went through a sample form, showing all the variables required and how the system works to collect data, and showing how the data can be culled for a specific purpose, i.e. finding the number of HIV positive clients seen by a provider in a year.

Michael Bogan expressed a lot of concern about data collection, computer input, security and privacy issues, etc. He is very uncomfortable with all of this and the possible repercussions of having this information flung into cyberspace.

Michael Discepolo knows someone working with HIV Watch who does data collection.

Dara said things need to be worked out, i.e. passwords - who will have them, will they be different, etc.

The meeting adjourned at 4:45 p.m.

*Minutes prepared by Amari Flood of Polaris Research & Development.
Minutes reviewed by Sister Marymae Himm and Lisa Reyes.*

REVISED 6/28/00

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, July 5th, 2000

3:00–5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

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AGENDA

- 3:00-3:10** Welcome, Introductions, and Announcements
- 3:10-3:15** New Member Business
- 3:15-3:25** Public Comment
- 3:25-4:25** Review Research Section & Timeline (Possible Vote)
- 4:25-4:40** Client Satisfaction Update/Durban Update (Possible Vote)
- 4:40-4:50** Update on Progress Towards Implementing New Guidelines
- 4:50-5:00** Next Steps & Plan August Agenda (Discuss Additional July Meeting)

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Members present:

Michael Bogan
Sister Mary Mae Himm
Kristen Clements
J. Colin Partridge
Carla Clynes

DPH Staff:

Lisa Reyes
John Pabustan
Gigi Gregory

Polaris R & D:

Amani Flood

Guests:

David Pasquarelli, *ACT UP SF*
Michael Petrelis, *AIDS Statistics.com*

Members absent:

Bill Barnes
McKenzie Hunek
Karla Dillard Smith

Harder & Co.

Dara Coan

Welcome, Introductions and Announcements

At 3:00 p.m. there was no quorum. The full Council meeting will be held at 1187 Franklin Street, at Geary, at the First Unitarian Church. Michael Bogan moved to remove Bill Barnes from the committee for poor attendance. Committee agreed by consensus. Quorum was reached at 3:20 p.m.

New Member Business

At 3:10 the meeting was opened for general discussions. The Minutes of the June 7 meeting were approved by consensus with the following changes: Steven Tierney is not a member, so his name should be moved to the DPH Staff section; and Richard Jenkins' name is misspelled, it has no "o" on the end.

Public Comment

David Pasquarelli, of *ACT UP San Francisco*, spoke about the article in the San Francisco Chronicle newspaper which states that there has been a radical increase in the number of HIV/AIDS cases in San Francisco. He believes the article is a lie used to ensure that San Francisco continues to receive federal funding for AIDS. He distributed various handouts on the topic of HIV not being the cause of AIDS, and also Minutes of the June 10, 1999 HPPC meeting on which he highlighted the issues he disapproves of. He believes the Detuned Eliza test is faulty and he is determined to spread the word of that. He believes that gay men are being negatively targeted as a result of the media coverage of the relationship between gay men and HIV/AIDS, and that there is a lot of bad science correlating the two.

Michael Petrelis of www.AIDSstatistics.com spoke on the AIDS endemic. He doesn't understand why recent information on AIDS cases contradict each other, with some information saying that AIDS is on the increase and other information saying that the epidemic has been contained. He presented handouts entitled "HIV Health Services Planning Council June 6, 2000 Agenda," and "Confronting the HIV Pandemic." He

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cited information showing that repeat positive testers are inflating the statistics of new cases. The Indiana Rule indicates that because of these repeat positive testers, the statistical numbers should be cut in half to find the true numbers of new cases.

Review, Research Section & Timeline

Dara explained that in order to get the final chapter out in advance of the due deadline, an additional meeting will need to be scheduled. Members can e-mail Dara any feedback on the chapter.

Dara gave out a new Timeline showing new dates, and Information for Researchers. She discussed the new dates and the changes in the researcher information.

Kristen is concerned about asking providers to report on the Internet. The Internet tool is very standardized and we want to tailor our responses to populations and interventions rather than to fixed variables.

David Pasquarelli believes that the HPPC is not a community organization at all, but rather that it is a body of provider representatives. He believes the community is underrepresented on the HPPC. He believes that the studies used by the HPPC abuse the subjects. He wants the HPPC to have quarterly, well-publicized community meetings to better inform and involve the community.

Michael Petrelis also spoke about the need to involve the community more. He also believes there have to be changes in HPPC procedures to involve and inform the community more.

Several members spoke to David and Michael regarding their concerns. Some members validated their concerns and others informed them that the HPPC is moving toward more community involvement. Colin encouraged them to take their concerns about human subjects to the UCSF office responsible for overseeing human research. Sister agreed with them that the recent Chronicle newspaper study is disconcerting, but advised that the HPPC is not the body that published it.

More discussion followed critiquing the chapter and the timeline. Detailed suggestions for fine-tuning the wording were offered by Michael Bogan and others. Dara accepted the suggestions and will edit the chapter accordingly.

Kristen suggested the possibility of developing a working group to plan an evaluation consensus meeting, which would be made up of researchers, community members and providers. She also stated that this would require further discussion and much planning.

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David Pasquarelli believes that researchers are not eager to cooperate with the community. He suggested strengthening the language in the researcher section requiring that they report to the HPPC and the community, including adding a penalty if they do not comply. There was general agreement with these suggestions, although the committee needs to investigate how much power they have to issue requirements to providers. This may not be within HPPC purview.

Michael Petrelis once again emphasized that there are no penalty sections at all in the chapter. He believes that this is an extremely important aspect of provider accountability to the public. He encouraged HPPC members to read the Mayor's report of two years ago because he believes the language in this chapter is the same language. Members explained that one of the purposes of this chapter is to institute the strategies in the Mayor's report.

After this discussion the members were in consensus to accept the chapter as re-written.

Client Satisfaction/Durban Update

Michael Bogan suggested the Council take an active role in disseminating the information presented at the Durban HIV/AIDS International conference. Colin believes not too much weight should be given nor too much manpower spent on it, especially since much of the information will never be published. By consensus Mike Bogan is empowered by the committee to follow up with these suggestions in a later discussion with Steven Tierney.

Update on Progress Towards Implementing New Guidelines

John Pabustan reported that the data will be given to ODTA and they will do the analysis. August 22 is the date for the first provider forum. This committee will be involved in that agenda. One or more committee members will be needed to present at that meeting.

An additional Strategic Evaluation committee meeting has been scheduled for July 19, from 3:00 – 5:00 p.m.

The meeting adjourned at 4:50 p.m.

Minutes prepared by Amami Flood of Polaris Research & Development.

Minutes reviewed by Sister Marymae Himm, Community Co-Chair, and Lisa Reyes, DPH, AO.

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, July 19th, 2000

3:00-5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

AGENDA

3:00-3:10 Welcome, Introductions, and Announcements

3:10-3:15 New Member Business

3:15-3:20 Approve July Minutes (Possible Vote)

3:20-3:30 Public Comment

3:30-4:30 Chapter Review and Discussion (Possible Vote)

4:30-4:50 HPPC Presentation and Discussion

4:50-5:00 Next Steps & Plan August Agenda

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, July 19th, 2000

3:00-5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

AGENDA

- 3:00-3:10** Welcome, Introductions, and Announcements
- 3:10-3:15** New Member Business
- 3:15-3:20** Approve July Minutes (Possible Vote)
- 3:20-3:30** Public Comment
- 3:30-4:30** Chapter Review and Discussion (Possible Vote)
- 4:30-4:50** HPPC Presentation and Discussion
- 4:50-5:00** Next Steps & Plan August Agenda

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HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, August 2nd, 2000

3:00-5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

AGENDA

- 3:00-3:10** Welcome, Introductions, and Announcements
- 3:10-3:15** New Member Business
- 3:15-3:25** Public Comment
- 3:25-3:30** Approve July 5th Minutes (Possible Vote)
- 3:30-4:00** Chapter Review and Discussion of Researcher Feedback
(Possible Vote)
- 4:00-4:50** HPPC Presentation and Discussion
- 4:50-5:00** Next Steps & Plan September Agenda

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**PLEASE NOTE THESE ARE THE FINAL REVISED MINUTES AND SUPPLANT THOSE
PREVIOUSLY SUBMITTED**

September 15, 2000

Members present:

Kristen Clements
Sister Mary Mae Himm
Carla Clynes
Edd Lee
Hank Wilson

DPH Staff:

Lisa Reyes
John Pabustan

Polaris R & D:

Amani Flood

Guests:

David Pasquarelli, *ACT UP SF
& Queer Nation*
Michael Petrelis, *AIDS Statistics.com*
Steven Tierney, DPH-AO, HPPC Co-Chair

Members absent:

Bill Barnes
J. Colin Partridge
*Rev. Yvette Flunder
*Rheena Yangson
*Deborah Oliver-Wilson
(*=New Members)

Harder & Co.

Dara Coan

Welcome, Introductions and Announcements

At 3:00 there was no quorum. Shortly thereafter, there was chaos in the room due to members of the public being hostile and aggressive towards Sister Marymae Himm and others. Carla Clynes announced that she is asking for a six-months' leave of absence from the HPPC due to conflicting commitments and her work. It was announced that Michael Bogan is resigning from the HPPC due to conflicting scheduling.

NEW MEMBER BUSINESS

Kristen announced that since new members were not notified in a timely fashion of their acceptance on the committee, new members would not be counted towards today's quorum.

PUBLIC COMMENT

David Pasquarelli pointed out two errors in the body of the minutes from the July 5, 2000 meeting, which he thinks should be changed.

Michael Petrelis of www.AIDS-Statistics.com spoke about what he sees as hypocrisy on the HPPC. He believes that Vince Gaither (also known on this Committee as Sister Marymae Himm) is espousing the message of safe sex, while he is publicly condoning and practicing sex without condom use. He wants to see public funding to the HPPC cut off because of this and other abuses of public trust he charges the Council with.

David Pasquarelli of ACTUP SF called for the firing of Willi McFarland. He agrees with Michael Petrelis that Vincent Gaither should resign from the HPPC due to his hypocrisy. He is tired of having gay men's sex on the pages of the mainstream media. He believes

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this leads to hatred and violence of gay men, and is also a denial of the privacy of gay men.

APPROVE JULY 5TH MINUTES

Quorum was not achieved during this meeting. The minutes of the July 5th meeting will be reviewed and approved at the next Strategic Evaluation meeting in September.

CHAPTER REVIEW AND DISCUSSION OF RESEARCHER FEEDBACK

Dara distributed a handout titled *Researcher Feedback*. Kristen explained that the CDC uses unique identity codes to track the statistics of subjects who participate in various research projects. The highlighted portions of the handout were discussed. Kristen explained that the information gathered will not be used for anything except to monitor programs and interventions, and possibly to track subjects' behavior, by way of the code, over a period of time to see whether behavior changes. It was decided by consensus to make it clear in the chapter, that the matching variable will not be used for research purposes, or to estimate incidences or risk-taking behavior, but that it is program-based only.

David Pasquarelli noted his concerns about the unique identifier code system.

Hank suggested that the feedback from DPH and CAPS researchers should be coordinated so information can be shared. DPH staff researchers have been giving Kristen feedback. There is no universal departmental protocol for DPH or CAPS research dissemination. Development of such a system is part of the work of this committee. Kristen will speak to the DPH researchers about what they would agree to in terms of an information-sharing system, and report back to the committee their comments. Hank commented that this committee needs to know what is the burden for publication upon researchers. Is there a time frame for publication, is there a procedure, is there peer review? Other members were in agreement that this should be investigated.

Dara has received some feedback from CAPS members that they are receptive to having an annual evaluation meeting, but some feel that it would be superficial to do so without there being space in the meeting for information sharing and an initial prioritization of collaborative efforts between researchers. She would like to have that incorporated into the objectives. Someone suggested that along with the letter of invitation to the researchers to participate in the Consensus Meeting, there should be some information included about the necessity of creating a shared resource inventory. The first meeting could be an information-sharing meeting where the community can hear and see what's going on, then the prioritization can happen later. This is a great opportunity for agencies and community members to learn what has been learned about the epidemic. So, although prioritization is one objective of the meeting, it will be tempered with the sharing of information, and open discourse between researchers and the community.

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Dara will hold another meeting to continue to flesh out the topics on the Researcher Feedback handout prior to the August 10 full Council meeting. By consensus it was agreed. Anyone wishing to meet with them can do so by contacting Dara. Dara will e-mail everyone with a new version of the chapter prior to the presentation at the August Council meeting.

Hank wants to build time into the Consensus Meeting for HPPC members to input ideas about where they want to see the research go, and an opportunity for exchange between members and researchers. All agreed. He also suggests holding more meetings, with fewer topics being discussed, instead of one big meeting. There are plenty of public venues at which to hold public meetings, so they could, for example, be held quarterly. Studies surface all the time, and there are plenty of opportunities within the research cycle to present to the community. It does not need a large funding budget, in his opinion, because these funds should be reserved for prevention services. Everyone was in consensus with these suggestions. Hank also said there needs to be a research inventory disclosing who is doing what, and what are the questions being asked. Kristen agreed saying that it could be a simple listing of brief summaries of the objectives of the study and a contact person.

Kristen and Carla were selected to present for the Strategic Evaluation Committee at the upcoming August 10th full Council meeting. If Carla cannot do it, Edd Lee agreed to present along with Kristen.

David Pasquarelli said there needs to be more debate between researchers and the community. The community doesn't want to be talked at, they want to participate in the discussion. Dissenters disrupt these meetings because they feel left out of the discussion. They do not feel respected. He thinks there should be penalties if researchers do not adhere to the policies as outlined.

David also wants there to be penalties if researchers do not adhere to the policies as outlined. He believes without penalties, researchers will not have any motivation to follow through with what they promise to do when they request and receive funding. Members were not sure whether the HPPC has the purview to impose penalties on researchers. However David believes the penalty should be incorporated into the new chapter as a requisite for receiving a letter of support. He also suggested sending researchers who default a letter of opposition, which could be kept on file. The DPH must wrap up each study with a letter of conformity, which also gives them some clout for researchers who fail to follow through with requirements after receiving funding. Members were in general agreement with these ideas and will further discuss penalties for researchers who do not comply with the follow-through required for funding.

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The next Strategic Evaluation meeting originally scheduled for September 6th was rescheduled for September 20th.

The meeting adjourned at 4:55 p.m.

*Minutes prepared by Amani Flood of Polaris Research & Development.
Minutes reviewed by Lisa Reyes and Kristen Clements, DPH-AO Staff.*

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, September 20th, 2000

3:00-5:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

AGENDA

- 3:00-3:10** Welcome, Introductions, and Announcements
- 3:10-3:15** New Member Business
- 3:15-3:25** Public Comment
- 3:25-3:30** Approve August 2nd Minutes (Possible Vote)
- 3:30-3:40** New Purview of Committee
- 3:40-4:10** Needs Assessment Discussion
- 4:10-4:40** Suggested Process/Timeline (Possible Vote)
- 4:40-5:00** Next Steps & Plan October Agenda

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subject to change, please verify by calling
Betty Chan Lew at 554-9492.***

HIV PREVENTION PLANNING COUNCIL
Strategic Evaluation
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Members present:

J. Colin Partridge
Sister Mary Mae Himm
Rheena Yangson

DPH Staff:

Lisa Reyes
John Pabustan
Steven Tierney

Polaris R & D:

Carol McGruder
Rona Esquieres

Guests:

None

Members absent:

Hank Wilson
Deborah Oliver-Wilson
McKenzie Hunek
Rev. Yvette Flunder
Edd Lee

Harder & Co.

Tara Cohen
Dara Coan

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Welcome, Introductions and Announcements

The meeting convened at 3:05 with Sister Mary Mae Himm serving as chair.

PUBLIC COMMENT

None

APPROVE AUGUST 2nd MINUTES

Minutes approved by consensus.

NEEDS ASSESSMENT

There was a lengthy discussion of the needs assessment process. It was pointed out that it has been five years since a needs assessment has been done. This committee can request that a needs assessment be done every two years but that doesn't guarantee that it will happen.

Dara Coan gave out a handout on Planning and Designing the Needs Assessment (see attachment). The handout contains strategies and barriers in planning and conducting needs assessments. The purpose of the needs assessment is to obtain information about a population in order to prioritize needs/services. There are three basic steps to the Needs Assessment-

- 1) Talking to community/people, survey community.
- 2) Assemble resource inventory.
- 3) Perform gap analysis.

ROLES AND RESPONSIBILITIES OF THIS COMMITTEE

Committee members need to be aware that they represent their individual communities as well as all the diverse communities of San Francisco. It has already been agreed that there is a lack of data on transgender and African American communities. This committee needs to identify other groups, define its methodology, and the committee needs to approve the final timeline (to be agreed upon by HPPC as well). The Prevention

HIV PREVENTION PLANNING COUNCIL
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Department will complete the resource inventory and the gap analysis. Harder+Co. will assist with defining its process and role and also write the needs assessment and plan. The need for this committee to continue on after this process is complete will be evaluated.

The plan for the needs assessment must be completed by October and the assessment itself must be completed by June. The development of the model and the data will provide an opportunity to bring community values into the HPPC process. An effort will be made to fold subjective opinions of the community into the process. Where there are gaps in the data, the community can help provide information. Priority setting cycle and Epi will be aligned so that everyone is targeting the same populations.

Target populations shouldn't be determined by funding availability, the committee should decide on the populations and find the funding. But it was acknowledged that time and limitations in funds do drive the process. The Transgender population is approximately 5,000 and 50 would be a good number of people to survey. African Americans are 9% of the population of San Francisco. It should also be remembered that all data doesn't have to be gathered by the committee but a review of existing data can also be used. At this point emerging populations are Transgender and people who have sex with them, People of Color youth, non-IDU women. There were 13 Needs Assessment surveys returned by HPPC members.

Scheduling of additional meetings

October 25th from 5 – 7 p.m. (to complete Steps 2-3)

Target Populations Brainstorming Session

African American Adolescents

White Men SM 30-40

IDU

Latino Immigrants

Homeless

MST (Men who have sex with Transgenders)

Folks who have non-consensual sex (rape victims)

Youth (queer, people of color, poor, homeless)

Young straight women of color

FSM/F

TG-FTM

STD Clients

Sex Workers (female)

New sero-conversion populations

Bi-identified Men

MSM-IDU

Denialists

Men over 40

Non injection Drug users

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Each committee member votes for three groups from the above list:

African American Adolescents-3 votes

TG-MTF-3 Votes

Std Clients-1

Sex workers-4

Latino immigrants-2

New seroconversions pop-5

Homeless msm-1

Men having sex with men-2

Youth-1

HIV + population-1

Dara will look at present data resources to obtain more data on the targeted populations mentioned and identify targeted populations that were not mentioned.

The committee will ask HPPC members to look at the list of targeted populations and provide feedback to help with the final determination.

Agenda for October 25th meeting discussed

1. Approve list of target populations (15 minutes)
2. Identify questions for each target population (30 minutes)
Should be bulk of meeting/priority
3. Get started on methodology

Sister and Dara stated that members should be prepared for a long meeting on October 25th, it may run until 8 p.m., members should think of questions for the needs assessment. Sister suggests that a follow-up to the needs assessment should be done to gather information about how populations access services and identify current needs.

Dara led a discussion about methodology uses and types: 1) Focus groups, 2) Surveys (telephone, in person), and 3) Look at existing data

Discussion on types of methodology to be used with targeted populations was tabled until questions are determined.

Meeting adjourned at 4:40 p.m.

Minutes prepared by Carol McGruder/Rona Esquieres of Polaris Research & Development, Inc.,

Minutes reviewed by Lisa Reyes, DPH-AO Staff and Sister MaryMae Hium.

REVISED

HIV PREVENTION PLANNING COUNCIL (HPPC)

Strategic Evaluation Committee Meeting

Wednesday, October 25, 2000

4:00–6:00 PM

25 Van Ness Avenue, Suite 500

San Francisco

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AGENDA

- 4:00-4:10** Welcome, Introductions, and Announcements
- 4:10-4:15** New Member Business
- 4:15-4:25** Public Comment
- 4:25-4:30** Approve September Minutes (Possible Vote)
- 4:30-4:45** Approve List of Populations (Possible Vote)
- 4:45-5:25** Approve Questions for Populations (Possible vote)
- 5:25-5:50** Approve Methodology (Possible Vote)
- 5:50-6:00** Next Steps/Plan November Agenda & Evaluation

*NOTE: All meetings are open to the public and
are held in handicapped accessible facilities. Meeting dates and times are
subject to change, please verify by calling*

Betty Chan Lew at 554-9492.

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Members present:

J. Colin Partridge
Sister Mary Mae Himm
Rheena Yangson
Deborah Oliver-Wilson
Edd Lee

DPH Staff:

Lisa Reyes
John Pabustan
Steven Tierney

Polaris R & D:

Rona Esquieres

Guests:

None

Members absent:

Hank Wilson
Rev. Yvette Flunder

Harder & Co.

Dara Coan

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WELCOME AND ANNOUNCEMENTS

The meeting convened at 4:05 p.m. with Sister Mary Mae Himm serving as chair. Hank Wilson notified Sister that he would not be attending this meeting.

PUBLIC COMMENT

None

APPROVE SEPTEMBER 20, 2000 MINUTES

A motion was made to accept the minutes from the September 20, 2000 meeting. It was requested that the addition of "according to the needs assessment questionnaire filled out by council members.", be added after the second sentence in the roles and responsibilities section. The change was noted and the motion to accept the minutes for September 20, 2000 was seconded and carried.

APPROVE LIST OF POPULATIONS FOR NEEDS ASSESSMENT

Dara Coan and Lisa Reyes distributed a handout for the recommended guidelines for the needs assessment, based on council and committee suggestions. The handout contained suggested populations for which there is a lack of HIV prevention info about, suggested methods, and research questions relevant to each population.

Dara reminded the committee that the task of this committee would be to provide guidelines for a needs assessment for DPH, but to remember that DPH may add populations or modify research methods based on resource and logistical consideration.

Sister mentioned that once the general framework is developed, the next goal of this committee should be to establish a framework for an ongoing needs assessment cycle. This process can be discussed at their December meeting.

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Dara and Sister briefly summarized the process in developing the list. (See September 20, 2000 minutes and pink handout) They explained that the list was generated based on the results from the needs assessment questionnaire that was filled out by council members, by a letter that was sent out to all HPPC members, and the results from the brainstorming discussion that followed. Dara and Lisa conducted an in-depth literature review to look at past, present, and current data/studies on the populations that were identified. This resulted in the selection of 6 populations that were found to have the least amount of data in San Francisco and the most gaps in information.

Dara and Lisa reviewed each of the six populations in terms of what published studies/non-published data they could find about them. It was stated that no published studies, specific to HIV behavioral issues, could be found on immigrant males who have sex with males and who have sex with males and females, and men who have sex with male-to-female transgender individuals. It was noted that although there might be research studies in progress on other populations on the list, there are significant gaps in the data.

Following a lengthy discussion based on the literature review, discussions with researchers and committee members, the following list of populations was approved by consensus.

The list of priority populations are: (in no specific ranking order)

- Immigrant males who have sex with males and males who have sex with males and females
- Men who have sex with male to female transgender individuals
- HIV+ individuals who have recently seroconverted
- LGBTQ youth of color
- Sex workers (male, female, and transgender sex workers)
- Incarcerated males, females, and transgender individuals
- Gay and bisexual white males who have sex with males of color and gay and bisexual males of color who have sex with white males
- Females who have sex with males who have sex with males

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It was agreed that it would not be the appropriate role of this committee to rank any of these populations but rather to break the list into categories that point to where they feel the highest priorities are. It was decided to create two categories: 1) Highest Priority Populations and 2) High Priority Populations. After an extensive discussion, it was agreed by consensus that the following populations would be presented as follows:

Highest Priority

- Immigrant males who have sex with males and males who have sex with males and females
- Men who have sex with male to female transgender individuals
- HIV+ individuals who have recently seroconverted
- Gay and bisexual white males who have sex with males of color and gay and bisexual males of color who have sex with white males
- Females who have sex with males who have sex with males

High Priority

- Sex workers (male, female, and transgender sex workers)
- Incarcerated males, females, and transgender individuals
- LGBTQ youth of color

DISCUSSION AND APPROVAL OF METHODOLOGY

The committee came to a consensus that the health department would determine the methodology for each targeted population based on the criteria that is appropriate for each, and with the understanding that DPH would choose from the following set of methodologies that have been pre-approved by this committee.

They are:

- Literature review
- In-person interviews
- Key informant interviews with community based organizations
- Focus groups

APPROVE QUESTIONS FOR POPULATIONS

It was stated that the committee would not need to come up with specifically worded questions but rather general guidelines that would assist with the objectives of the needs assessment.

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Some questions that the committee would like the needs assessment to answer are:

- “What is standing between you and prevention?”
- “What type of interventions would be effective? Or what interventions would you be responsive to?”
- “What do think puts you at risk?”
- “What risk factors have you and others been exposed to?”

The guidelines that were approved at this meeting will be presented to the full council on November 9, 2000. Sister and Edd have agreed to present the motion and guidelines of the needs assessment to the full council.

DATE AND TIME OF NEXT MEETING

The November 1, 2000 meeting has been cancelled. The next Strategic Evaluation meeting is scheduled for December 6, 2000 from 4:30 to 5:30 pm.

Meeting adjourned at 5:55 p.m.

*Minutes prepared by Rona Esquieres of Polaris Research & Development, Inc..
Minutes reviewed by Sister MaryMae Himm, community co-chair, and Lisa Reyes, DPH-AO Staff.*

HIV PREVENTION PLANNING COUNCIL (HPPC)**Strategic Evaluation Committee Meeting****Wednesday, December 6th, 2000****4:30-5:30 PM****25 Van Ness Avenue, Suite 500****San Francisco**

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- 4:30-4:35** Welcome, Introductions, and Announcements
- 4:35-4:40** New Member Business
- 4:45-4:50** Public Comment
- 4:50-4:55** Approve October minutes (Possible Vote)
- 4:55-5:25** Discussion of Ongoing Needs Assessment and Council
Presentation on 12/14 (Possible Vote)
- 5:25-5:30** Next Steps/Evaluation

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